DOCUMENT RESUME

ED 343 068 CG 024 084

AUTHOR Anderson, Lee; And Others
TITLE Contribution of Self-Reports to the Identification of Potential Children of Alcoholics.
PUB DATE Aug 91
NOTE 22p.; Paper presented at the Annual Convention of the American Psychological Association (99th, San Francisco, CA, August 16-20, 1991).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Alcoholism; Anxiety; Depression (Psychology); *Family Characteristics; *Identification; *Parent Background; Primary Education; *Young Children
IDENTIFIERS *Children of Alcoholics

ABSTRACT

Parental drinking impacts multiple aspects of child development and, given the magnitude of problems associated with parental alcoholism, early identification of children of alcoholics (COAs) is a critical issue to professionals responsible for the effective treatment of these children. Traditional measures for assessing the adjustment of school-aged children have been of little help in identifying COAs because they do not specifically address the problems or concerns unique to COAs. This study was conducted to empirically identify constructs that best differentiate potential COAs from their non-COA counterparts. It involved the modification of the Child Rating Scale, a traditional self-report instrument, to include scales for evaluating dimensions deemed important to the identification of COAs. Self-reports from the modified Child Rating Scale and teacher ratings using the Aggression, Moodiness, and Learning scale were obtained for subjects (N=250) in first, second, and third grades. Two sets of factor analyses were applied to reduce the number of dependent variables for subsequent analysis. Four dimensions were found for the self-report measure (Depression, Worry About Family, Rule Compliance, and Self-Confidence) and a two-factor structure occurred for the teacher rating scale (Externalizing and Internalizing). The subsequent discriminant-function analysis revealed that the self-report dimensions of Depression and Worry About Family were the only ones to effectively differentiate potential COAs from non-COAs. (Author/NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED343068

Contribution of Self-Reports to the Identification of Potential Children of Alcoholics

Lee Anderson Joseph J. Glutting
Department of Educational Studies
University of Delaware

Linda M. Perosa
Ohio State University

Sandra L. Perosa
University of Akron

CG024084

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Lee Anderson

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Running head: POTENTIAL CHILDREN OF ALCOHOLICS

BEST COPY AVAILABLE

Abstract

Dimensions were sought that would differentiate potential children of alcoholics (COAs) from non-COA counterparts. Self-reports (a modification of the Child Rating Scale) and teacher-ratings (Aggression, Moodiness, and Learning scale) were obtained for subjects (N = 250) in first, second, and third grade. Two sets of factor analyses were applied to reduce the number of dependent variables for subsequent analysis. Four dimensions were found for the self-report measure (Depression, Worry About Family, Rule Compliance, and Self Confidence) and a two-factor structure occurred for the teacher-rating scale (Externalizing and Internalizing). The subsequent discriminant-function analysis revealed the self-report dimensions of Depression and Worry About Family were the only ones to effectively differentiate potential COAs from non-COAs. Results are discussed in the context of the need for appropriate measures to identify potential COAs.

Contribution of Self-Reports to the Identification of Potential Children of Alcoholics

Parental drinking impacts multiple aspects of child development. The magnitude of the problem is reflected by survey data showing that one out of five children lives in a home with an alcoholic parent and that there are approximately 28 million children of alcoholics (COAs) in the United States (Ackerman, 1983). The consequences of parental drinking on children can be both immediate and long term. For example, COAs are at risk for developmental arrest (Ackerman, 1983; Winnicott, 1958; Wood, 1984); they are more likely to learn dysfunctional relationship patterns (Creighton, 1986; Robinson, 1989; Steinglass, 1980); and they are genetically predisposed toward alcoholism themselves (Goodwin, 1973; 1976). COAs have also been found to exhibit low self esteem (Berkowitz & Perkins, 1988), poor social-interaction skills (Kammeier, 1971), pseudomaturity (Elkind, 1984; Nardi, 1981), and they are likely to develop academic and behavioral problems (Anderson & Quast, 1983; Cork 1969; Haberman, 1966).

Given the magnitude of problems associated with parental alcoholism, it comes as no surprise that the early identification of COAs is a critical issue to professionals responsible for the effective treatment of these children. Unfortunately, children are not usually identified as COAs until a parent seeks help.

Traditional measures for assessing the adjustment of school-aged children have been of little help because they do not specifically address the problems, or concerns, unique to COAs (Heller, Sher, & Benson, 1982).

Retrospective reports by adult COAs suggest the stress-related concepts of "Depression" and "Worrying About Family" had a substantial impact on their childhood experiences and on their subsequent development (Ackerman, 1987.) For example, COAs reported more depressive thoughts and affect than other children, including feeling different from others and a sense of powerlessness over their lives. This powerlessness came from their inability to stop the alcoholic parent from drinking, to eliminate conflicts between parents, or to leave the home (Ackerman, 1987). Clearly then, the internal experiences of COAs can be depressive. However, such symptomatology may go unnoticed because these children manifest few outward signs (e.g., changes in eating habits, sleeping patterns, or activity level). Therefore, assessments focusing on internal symptoms of depression may better distinguish COAs than assessments of depressed behavior.

COAs have also shown a range of concerns about their families (Moorhouse & Richards, 1982). These include worrying about the health of parents, fighting between parents, unpredictable and inappropriate parent behavior, and feeling

responsible for the parent(s)' alcoholism. Although similar concerns are shared by children from other types of families, it is the Worry About Parental Drinking that is a specific concern of COAs, and thus, this set of interrelated thoughts may represent a second construct that distinguishes COAs from other children.

The current study modifies a traditional self-report instrument to include scales for evaluating two dimensions deemed important to the identification of COAs: Depression and Worry About Family. Secondly, the self-report measure is paired with a traditional behavior-rating scale to empirically identify constructs that best differentiate potential COAs from their non-COA counterparts.

Analyses proceed by first seeking factor structures for the modified self-report measure and the teacher-rating scale. Thereafter, criterion groups identified on the grounds of concern about parental drinking (low concern, moderate concern, high concern) are compared on dimensions derived from the factor analyses. Thus, the second set of analyses investigates how potential COAs (moderate and high concern) differ from non-COAs (low concern) on the basis of self-report information and teacher-reported classroom behavior.

Method

Subjects

Subjects included 250 first, second, and third-graders from a public school located in the Northeast section of the United States. There were 83 first graders, 94 second graders, and 73 third graders. The sample contained 134 boys and 116 girls. Racial distributions were as follows: 186 Whites, 55 Blacks, and 9 Hispanics and Asians. All children attended regular education.

Self-Report Scale

The Child Rating Scale (CRS) (Cowen, Trost, Lorion, Door, Izzo, Isaacson, 1975) consists of four dimensions: Rule Compliance, Social Skills, Anxiety, and Self Confidences. Although the CRS is an established measure for evaluating children's adjustment (Hightower, 1984), it was not developed expressly for the identification of COAs. Consequently, the CRS was modified to better achieve this goal. Items related to "Depression" and "Worry About Family" were added based on theoretical assumptions related to characteristics of COAs. The Modified CRS (hereafter referred to as the MCRS) added 14 experimental items measuring the two hypothesized dimensions of Depression (7 items) and Worry About Family (7 items). Thus, the format of the MCRS consisted of a total of 49 items (35 original, 14 new) where children were asked to judge if a statement was "not like them", "sometimes like them", or "like them".

Teacher-Rating Scale

The Aggression, Moodiness and Learning scale (AML) (Hightower, 1984) is an 11-item, behavior-rating scale completed by classroom teachers. This screening instrument was developed by the Rochester Mental Health Project and it is used to identify children experiencing problems in school adjustment. The item format is likert-type and it assesses behavior along two dimensions: Aggressiveness and Moodiness.

Procedure

The MCRS was group administered to children in their classrooms. Each item was read aloud by the examiner. At the beginning of testing, children were told there are no right or wrong answers. Administration times ranged from 30 to 45 minutes. Around the same time, the 12 teachers cooperating in the study rated each child on the AML.

Criterion Groups

Three "Potential" COA groups were identified according to children's responses to the following item: "I worry because my mom or dad drinks too much." Children who said "no" were placed in the "low concern" group, those who said "sometimes" were placed in the "moderate concern" group, and "yes" responses represented children placed in the "high concern" group.

Data Reduction

It was necessary, prior to comparing the three criterion

groups, to identify reliable dimensions underlying the self-report and teacher-rating scales. Two principle axis factor analyses were conducted, the first on the self-report measure (MCRS) and the second on the teacher-rating scale (AML). The factor analyses served to discover integral dimensions underlying each instrument and to reduce the number of variables for subsequent analyses.

For each analysis, a succession of rotations was attempted to discover a combination of factors that best described the data. The final selection of dimensions was based on several criteria: (a) the ideal solution should retain only factors with prerotated eigenvalues $\geq$ 1.00 (Kaiser, 1958); (b) rotated factors should include variables with at least three appreciable loadings $\geq$ .30; (c) the solution should meet Cattell's (1966) minimum scree requirement; (d) the final solution should provide parsimonious coverage of the data and be compatible with theoretical views on the nature of children's concerns about parental drinking; and (e) retained factors should reliably assess constructs as determined through internal-consistency coefficients $\geq$ .70. This last criterion was crucial since the self-report dimensions of "Depression" and "Worry About Family" were hypothesized to be essential constructs to the identification of COAs.

Results

Factor Structure of Self-Report Scale

It was necessary to eliminate 17 items from the MCRS as a consequence of score restrictions and low loadings. (Only one of the 14 experimental items was eliminated). The remaining 32 items loaded appreciably on four dimensions. This four-factor model met all of the aforementioned heuristic and statistical criteria, with the factors cumulatively explaining 40% of the total item variance. Internal consistency coefficients, based on Cronbach's (1951) coefficient alpha, were appreciable for the first (.82), second (.80), and fourth (.71) factors. The alpha coefficient for the third factor was marginal (.62). Thus, the first factor analysis showed that the rotated dimensions generally provided reliable estimates of the traits being considered. Furthermore, no alternative solution (i.e., 3, 5, or 6 factors) satisfied the stated criteria as well.

Table 1 displays factor loadings for the accepted four-factor model. Retained factors were interpreted according to the magnitude and pattern of appreciable loadings. The first factor showed strong positive loadings on 14 items and it is considered a measure of Depression (unit weighted factor M = 24.5, SD = 5.6). Factor II contained fourteen prosocial items that primarily reflect Rule Compliance (M = 16.8, SD = 2.3). The third factor is termed Self Confidence (M = 14.6, SD = 2.4) based

on its six appreciable loadings. Finally, the fourth factor contained four worry-oriented items and it was judged to be a measure of Worry About Family (M = 8.3, SD = 2.6). Overall, the second and third factor corresponded to the two dimensions proposed in the original CRS scale and the first and fourth factor conformed to the two hypothesized dimensions related to COAs. Equally important, the first and fourth factors showed satisfactory reliabilities (.82, .71, respectively.)

Insert Table 1 about here

Factor Structure of Teacher-Rating Scale

All 11 AML items showed appreciable loadings on two factors. Like the first model, the second met all heuristic and statistical criteria for factor retention, with the two factors accounting for 63% of the total variance. Internal consistency coefficients were appreciable for both factors (.89, .80, respectively).

Table 2 displays factor loadings for the second solution. The first factor showed strong positive loadings on five acting-out type items and it is considered to be a measure of Externalizing Behavior (unit weighted sample M = 8.460, SD = 4.039). Factor II contains six items related to moodiness that primarily reflect Internalizing Behavior (M = 9.832, SD = 3.711). This structure is compatible with traditional interpretations

that the AML measures children's Aggression and Moodiness.

Insert Table 2 about here

Criterion Group Differences

Once reliable dimensions had been identified, these variables (i.e., the four factors from the MCRs and two factors from the AML) served as dependent measures for exploring the extent to which the three COA groups (low, moderate, and high concern) differed. Table 3 presents means and standard deviation for the three groups across the six factors.

Insert Table 3 about here

A direct multiple discriminant-function analysis was used to explore differences between the three COA groupings. Results showed that the groups could be differentiated (Wilks' Lamda = .666, equivalent F = 16.43, df [6, 197], $p < .001$). One significant variate emerged (chi square = 95.39, df = 12, $p < .001$). Group centroids in the upper part of Table 4 show this variate best separated the Low Concern group from the other two (i.e., moderate and high concern). The relative contributions of the six dependent variables to the group separations were determined through the interpretation of discriminant function-variable correlations. This pattern of correlations (lower part

of Table 4) indicates that the self-report variables of Depression and Worry about Family best define this function (R = .632, .851, respectively).

Insert Table 4 about here

Combining information from the group-centroid comparisons, as well as that from the discriminant function-variable correlations, shows that it is the constructs of Depression and Worry About Family that differentiate the low concern group from the other two. These self-report variables are the dimensions specifically designed for this study. Results therefore highlight the need to develop special subscales to identify children who perceive their parents' drinking habits as negatively affecting their own emotional development and well being.

A classification analysis was used to evaluate the practical utility of the discriminations. Since each child's membership was already known for the three criterion groups, the classification analysis was conducted to discover the ability of the discriminate function to place children back into their original groupings. The overall hit rate (65.2%) was 56% above chance. Results also show that the rate was statistically significant (z = 7.502, p < .0001). Consequently, findings indicate that the discriminate function was able to greatly

exceed the chance identification of potential COAs, thereby, adding to the overall validity of results.

Discussion

The prevalence of children of alcoholics (COAs) is an important clinical and educational issue. This at-risk population should be given consideration in order to determine characteristics that may signal psychological or developmental distress. COAs learn at young ages not to talk, to trust, or to feel. Moreover, the secret of parental alcoholism can isolate these children from seeking help.

Findings from the current study show that it is possible to differentiate potential COAs from non-COAs using the experimental self-report measure (MCRS). Traditional behavior-ratings (AML) were unable to do so. Moreover, within the self-report measure (MCRS), the only variables that effectively differentiated potential COAs from their non-COA counterparts were the constructs of Depression and Worry About Family. Although it is often difficult to document and assess the impact of Depression and Worry About Family in young children, the MCRS provided a convenient mechanism for doing so. Also evident here is that the potential COAs in this study experienced more Depression and Worry About Family than non-COAs, and thus, are considered vulnerable children.

Knowledge of parental alcoholism can be informative in terms

of providing appropriate services to children. The current study did not determine if the potential COAs were "true" COAs. Data from parents would be necessary to ascertain drinking patterns and the role of alcohol in the family. Potential COAs were used here to base classifications on the important variable of children's perceptions of parental drinking. A logical criticism is that the study was prone to over- or under-identify COAs since no confirmatory evidence was available from parents. Certainly, some children may have expressed a high level of concern even when it was unwarranted by the actual drinking habits of their parents. Similarly, other children with an alcoholic parent may have expressed no concern.

Whereas professionals generally rely on behavioral symptomatology to identify children at risk, such focus has been inadequate for identifying COAs. As found here, the needs of COAs extend beyond immediately observable symptomatology or information readily obtained from behavior-rating scales. Self reports were found to possess far greater utility than behavior ratings, with the nontraditional constructs of Depression and Worry About Family being more diagnostic than traditional self-report dimensions.

References

Ackerman, R. J. (1983). Children of alcoholics: A guidebook for educators, therapists, and parents. Holmes Beach: Learning Publications, Inc.

Ackerman, R. J. (1987). Same house different homes. Florida: Health Communications, Inc.

Anderson, E. E., & Quast, W. (1983). Young children in alcoholic families: A mental health needs-assessment and intervention/prevention strategy. Journal of Primary Prevention, 3, 174-187.

Berkowitz, A., & Perkins, H. W. (1988). Personality characteristics of children of alcoholics. Journal of Consulting and Clinical Psychology, 56, 206-209.

Cowen, E. L., Trost, M. A., Lorion, R. P., Corr, D., Izzo, L. D., Isaacson, R. V. (1975). New ways in school mental health. New York: Human Sciences Press.

Cork, R. M. (1969). The forgotten children: Toronto: General Publishing Co., Ltd.

Creighton, T. (1986). Children of alcoholics: A systems approach. Journal of Child Care, 2, 67-82.

Elkind, D. (1984). All grown up and no place to do. Reading, MA: Addision-Wesley.

Goodwin, D. W. (1973). Alcohol problems in adoptees raised apart from alcoholic parents. Archives of General

Psychiatry, 28, 238-243.

Goodwin D. W. (1976). Is alcoholism hereditary? New York: Oxford University Press.

Haberman, P. (1966). Childhood symptoms in children of alcoholics and comparison group parents. Journal of Marriage and Family, 28, 152-164.

Heller, K., Sher, K. L., & Benson, C. S. (1982). Problems associated with risk overprediction in studies of offspring of alcoholics: Implications for prevention. Clinical Psychology Review, 2, 183-200.

Hightower, A. D. (1984). Primary mental health project: Child Rating Scale guidelines. Rochester, New York. Author.

Kammeier, M. L. (1971). Adolescents from families with and without alcohol problems. Quarterly Journal of Studies on Alcohol, 32, 364-372.

Moorhouse, E. R., & Richards, T. (1982). An examination of dysfunctional latency age children of alcoholic parents and problems in intervention. Journal of Children in Contemporary Society, 15, 21-33.

Moorhouse, E. R., & Scola, C. M. (1986). Children of alcoholics: meeting the needs of the young COA in the school setting. South Laguna: Paper presented a the annual convention of the National Association for COAs.

Nardi, R. M. (19819. Children of alcoholics: A role

theoretical perspective. The Journal of Social Psychology, 115, 237-245.

Robinson, B. E. (1989). Working with children of alcoholics: the practitioner's handbook. Lexington: Lexington Books.

Steinglass, P. (1980). A life history model of the alcoholic family. Family Process, 19, 211-226.

Winnicott, D. W. (1958). Collected papers: through paediatrics to psycho-analysis. New York: Basic Books.

Wood, B. (1984). Children of alcoholics: patterns of dysfunction in adult life. Paper presented at the annual convention of the American Psychological Association, Canada.

Table 1
Varimax Rotated Principle Axis Matrix for the Modified Child Rating Scale

Item	Factor I	Factor II	Factor III	Factor IV
Tired/sleepy	.34	-.08	.20	-.22
No fun anymore	.51	-.06	.02	-.02
Upset easily	.38	-.21	-.21	.14
Many problems	.40	-.03	-.20	.07
Gives up	.32	-.22	-.25	.16
Hopeless	.53	-.02	-.15	.08
General worry	.53	.01	.04	.17
Feels failure	.51	-.22	-.20	.09
Feels nervous	.54	-.06	-.20	.15
Feels frustrated	.43	-.23	-.14	.20
Feels different	.42	.07	-.15	.15
Bad feelings	.49	-.11	-.17	.03
Can't talk	.49	-.03	-.01	.19
Problems eat/sleep	.48	-.16	-.04	.08
Good behavior	-.16	.64	.01	.02
Don't bother others	-.13	.52	-.03	-.06
Follow rules	.09	.59	.26	-.02
No trouble	-.25	.73	.00	-.04
Follow rules	.02	.75	.06	.03
Don't call names	-.19	.46	.07	.01
Cooperative	.03	.56	.24	.10
Many friends	-.22	.11	.39	.03
Feel relaxed	-.10	.08	.41	.00
Well liked	-.12	.13	.48	.07
Math easy	-.16	.04	.42	.00
Sociable	-.16	-.08	.55	.06
On task	.02	.19	.43	-.15
Parents unhappy	.20	.05	.01	.60
Parents fight	.23	.04	.04	.61
Parents sick	.12	-.04	.10	.63
Parents move	.21	-.04	-.08	.51
Eigenvalue	5.82	3.08	2.02	1.50
% common variance	18.80	9.90	6.50	4.80
Cumulative % of common variance	18.80	28.70	35.20	40.00

Note: Rotated factor loadings $\geq$ .30 are underlined. N = 250.

Table 2

Varimax Rotated Principle Axis Matrix for the AML Teacher Rating Scale

Item	Factor I	Factor II
Fights/Quarrels	.78	.30
Restless	.58	.37
Disruptive	.89	.24
Obstinate	.65	.36
Impulsive	.79	.24
Withdrawn	.28	.54
Unhappy	.35	.74
Somatizes	.09	.52
Feelings hurt	.37	.62
Moody	.47	.63
Problem learning	.18	.52
Eigenvalue	5.62	1.30
% common variance	51.00	11.60
Cumulative % of common variance	51.00	62.70

Note: Rotated factor loadings $\geq$.50 are underlined. N = 250.

Table 3

Characteristics of Criterion Groups on Factors

		MCRS				AML	
COA Groups		Dep	Rule	Self	Worry	Exter	Inter
Low	M	22.6	18.5	14.8	7.2	8.2	9.7
	SD	5.5	2.8	2.4	2.4	3.7	3.5
Moderate	M	25.1	18.2	14.2	9.2	8.5	10.0
	SD	4.8	2.6	2.0	2.0	4.1	4.1
High	M	28.0	17.3	14.4	10.0	9.1	10.0
	SD	5.2	2.9	2.7	1.9	4.6	3.9

Note: Dep = Depression, Rule = Rule Compliance, Self = Self Confidence, Worry = Worry About Family, Extern = Externalizing Behavior, and Intern = Internalizing Behavior.

Table 4

Group Centroid and Discriminant Function-Variable Correlations

Group Centroids	Discriminant Function
"Not worried" group	-0.55339
"Sometimes" worried group	0.36255
"Worried" group	0.99846
Variable Correlations	
Worry About Family	0.85122
Depression	0.63217
Rule compliance	-0.25618
Self Confidence	-0.11361
Externalizing	0.13802
Internalizing	0.04636